

2012 * OPEN ENROLLMENT FORM

Receive a 50% discount off the \$100 enrollment fee when you choose payroll deduction through your employer. The list of companies currently participating in payroll deduction is listed in Section V.

- 1. Complete all sections of the open enrollment form. A separate open enrollment form must be submitted for each child along with a one-time \$100 enrollment fee per child. If you need additional information call toll free 1-888-477-2667 or visit our website at: http://NVPrepaid.gov
- 2. Enclose a check or money order made payable to: **Nevada Prepaid Tuition Program**, in the amount of \$100 per enrollment form plus any additional monies if down payment selected. Your open enrollment form **will not** be accepted without this fee. If you choose to pay by credit card, complete Section VII. **The enrollment fee is not refundable.**
- 3. Mail the completed open enrollment form, \$100 fee, and any necessary payments to: Nevada Prepaid Tuition Program, 555 E. Washington Ave., Suite 4600, Las Vegas, Nevada 89101. If you choose a down payment option (minimum \$1,000) you must include both the down payment and the enrollment fee. Enrollment forms must be postmarked by February 28th to ensure 2012 prices. Payments will be due the 15th of each month starting May 15, 2012. Enrollment forms for newborns less than one year of age will be accepted until June 30, 2012.

SECTION I. Purchaser Information

Please complete the following information about yourself, the person purchasing the Nevada Prepaid Tuition Program contract. The Purchaser is the owner of the contract and must meet the qualifications of a Purchaser in the Master Agreement. (If the contract is canceled, the Purchaser is entitled to any refund).

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SECTION III. Beneficiary Information

The Beneficiary is the person for whom you are buying the contract. Please complete the following information about him or her. Be sure to supply the Beneficiary's Social Security Number.										
NAME										
Last First M.I.										
ADDRESS										
Number and street, including apartment number										
City State Zip County (i.e. Clark, Washoe, etc.)										
SOCIAL SECURITY NUMBER HOME PHONE										
Sex: Male Female Date of Birth: Month Day Year										
Please check Beneficiary's age or current grade in school and projected college entrance year as of September 30, 2011.										
1. □ Newborn (2029) 5. □ 4 year old (2025) 9. □ Second (2022) 13. □ Sixth (2018)										
2. □ 1 year old (2028) 6. □ 5 year old, not in school (2025) 10. □ Third (2021) 14. □ Seventh (2017) 3. □ 2 year old (2027) 7. □ Kindergarten (2024) 11. □ Fourth (2020) 15. □ Eighth (2016)										
4. □ 3 year old (2026) 8. □ First (2023) 12. □ Fifth (2019) 16. □ Ninth (2015)										
Beneficiary relationship to Purchaser (check one) 1. □ Child 2. □ Grandchild 3. □ Friend 4. □ Other										
SECTION IV. Choice of Tuition Plans										
Please indicate the number of semesters you wish to purchase.										
. □ 4 Year University Plan: 4 Years University (120 semester credit hours) 4. □ Community College Plus University Plan: 2 Years Community College and 2 Years University (120 semester credit hours)										
(120 semester credit hours) . □2 Year University Plan: 2 Years University										
(60 semester credit hours) 5. □ 2 Year Community College Plan:										
2 Years Community College 3. □ 1 Year University Plan: 1 Year University (30 semester credit hours) (60 semester credit hours)										
SECTION V. Payment Schedule										
Please select your payment option and indicate if you are making a down payment. (Note: Down payments are optional, must be a minimum of \$,1000 and must be included with your open enrollment form. You must also choose one of the monthly payment options)										
☐ Single, Lump Sum ☐ 5 Years/60 months (available for the 7th grade or below) ☐ Extended Monthly (until high school graduation)										
☐ Down Payment Amount of down payment \$										
If selecting an option including monthly payments, indicate your payment preference below:										
☐ Automated Bank Account Withdrawal (available on website) ☐ Coupon Book (a book will be sent to you)										
□ Payroll Deduction (choose your current employer from the participating payroll departments below and a form will be sent to you. Contact your payroll office if your employer is not listed below and you are interested in setting up payroll deduction).										
☐ City of Las Vegas ☐ Douglas County ☐ LV Water District ☐ NV Energy ☐ Public Employees Retirement System (currently work for) ☐ State of Nevada: Central ☐ State of Nevada: LCB ☐ University of Nevada, Reno										



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SECTION VI. Optional Information

You are NOT required to complete ANY PART of this section. However, your responses will help us plan for future open enrollment periods.
How did you learn about the Nevada Prepaid Tuition Program? (Select all that apply) \[\text{Newspaper} \ \text{Television} \ \ \text{Radio} \ \ \ \text{Friends/Relatives} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Educational level of the Purchaser (Select highest level completed.) □ High school graduate □ GED □ Associate's degree □ Bachelor's degree □ Master's degree □ Ph.D. □ Other (specify)
Race of Student □ Caucasian □ African-American □ Hispanic □ Native American □ Asian □ Other (specify)
Annual Family Income □ Less than \$20K □ \$20K - 29,999 □ \$30K - 39,999 □ \$40K - 49,999 □ \$50K - 79,999 □ \$80K - 100K □ Over \$100K
SECTION VII. Authorization
I hereby certify under penalty of perjury that the above information on this open enrollment form is true and accurate to the best of my knowledge. I acknowledge that a substantial fee may apply for contract termination resulting from material misrepresentation on this Nevada Prepaid Tuition Program open enrollment form. In signing below, I am agreeing to all terms and conditions of the Master Agreement and Program Description.
Signature of Purchaser Date
Please print full name E-mail address
*Enrollment is open from December 1, 2011 through February 28, 2012. The contract prices shown are based on current actuarial assumptions (such as tuition costs and investment returns). Changes to these assumptions may result in contract adjustments including, but not limited to, shortening the enrollment period and changing or withdrawing contract prices. Notification of such changes will be posted pursuant to NAC 353B.200, as well as on the Treasurer's website at: www.nevadatreasurer.gov. Pursuant to NRS 353B.130, your contract is not an obligation of the State of Nevada and neither the full faith and credit nor taxing power of the State is pledged directly or indirectly or contingently, morally or otherwise, to the payment of the contract. The Board cannot directly or indirectly or contingently obligate morally or otherwise, the State to levy or pledge any form of taxation whatsoever or to make any appropriation for the payment of the contract.
Credit Card Information (For Payment of Enrollment Fees, Down Payments, and Lump Sum Payments Only). Per Nevada Revised Statute 353.1467, a payment in the amount of \$10,000 or more must be submitted by electronic transfer. If you choose this option please enter your bank routing # and account # below. Visa
Credit Card Number Expiration Date Lump Sum Contract Payment Amount \$
Routing # Account # Down Payment (Minimum \$1,000) Amount \$
Signature of Credit Card Holder/Bank Account Owner
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